

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	5/23/01
FORMALITY REVIEW		535	07-12-01
RESPONSE FORMALITY REVIEW		50900	07/19/01
		897	05-28-02
		852	07-25-02

INDEX OF CLAIMS

✓ Rejected
 u Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

8019
 12/12
 830
 804/29
 3/23/25